

Geo. Alfred Barton, Queen Anne Co.

Town

County

Died at Kent Island Queen Anne

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Oct.	14	1902	7	8		
Male	White	Age				
Female	Colored	Married			Widow	Divorced
		Single			Widower	Number of children living

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Mother's
Name

Sophia Barton

How long sick

Primary

Immediate

Dentition

Spasms

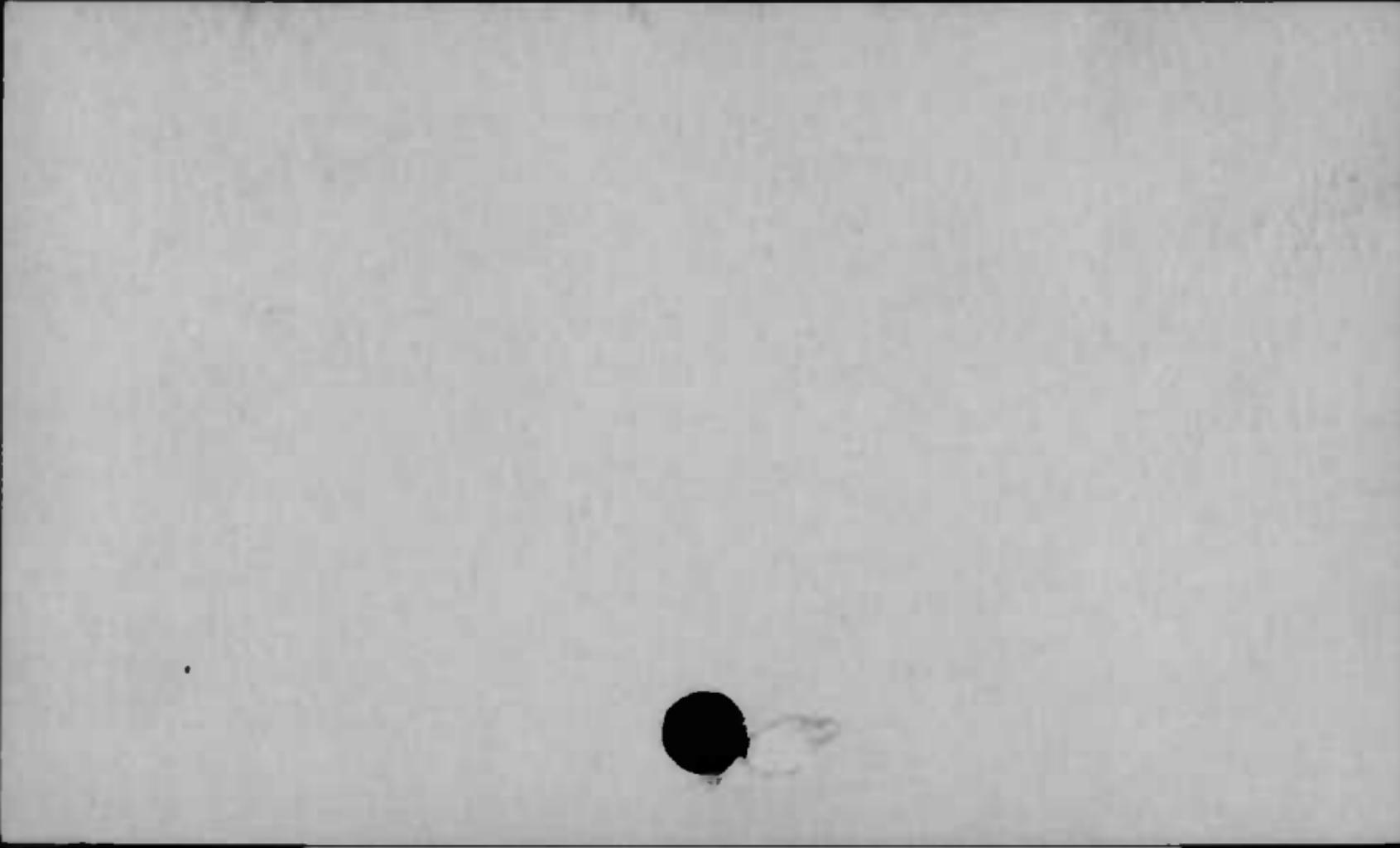
A.W.

Accident, Suicide, Homicide

Dr. J. P. Benson

Kent Island

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William F. Breeding

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Kent Island	Q. A.			
Date of death 190	Month 2 oct	Day 24	Age 58	Years	Months
Sex	Male	Color or Race	white	Birth-place	Caroline Co.
Married, Single Widow		Occupation	Farmer		
Name of Wife Husband	Frances Jr. Breeding				
Father's Name	William Breeding		Father's Birthplace	Delaware	
Mother's Maiden Name			Mother's Birthplace	Delaware	
Name of person giving information	Harry P. Breeding		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

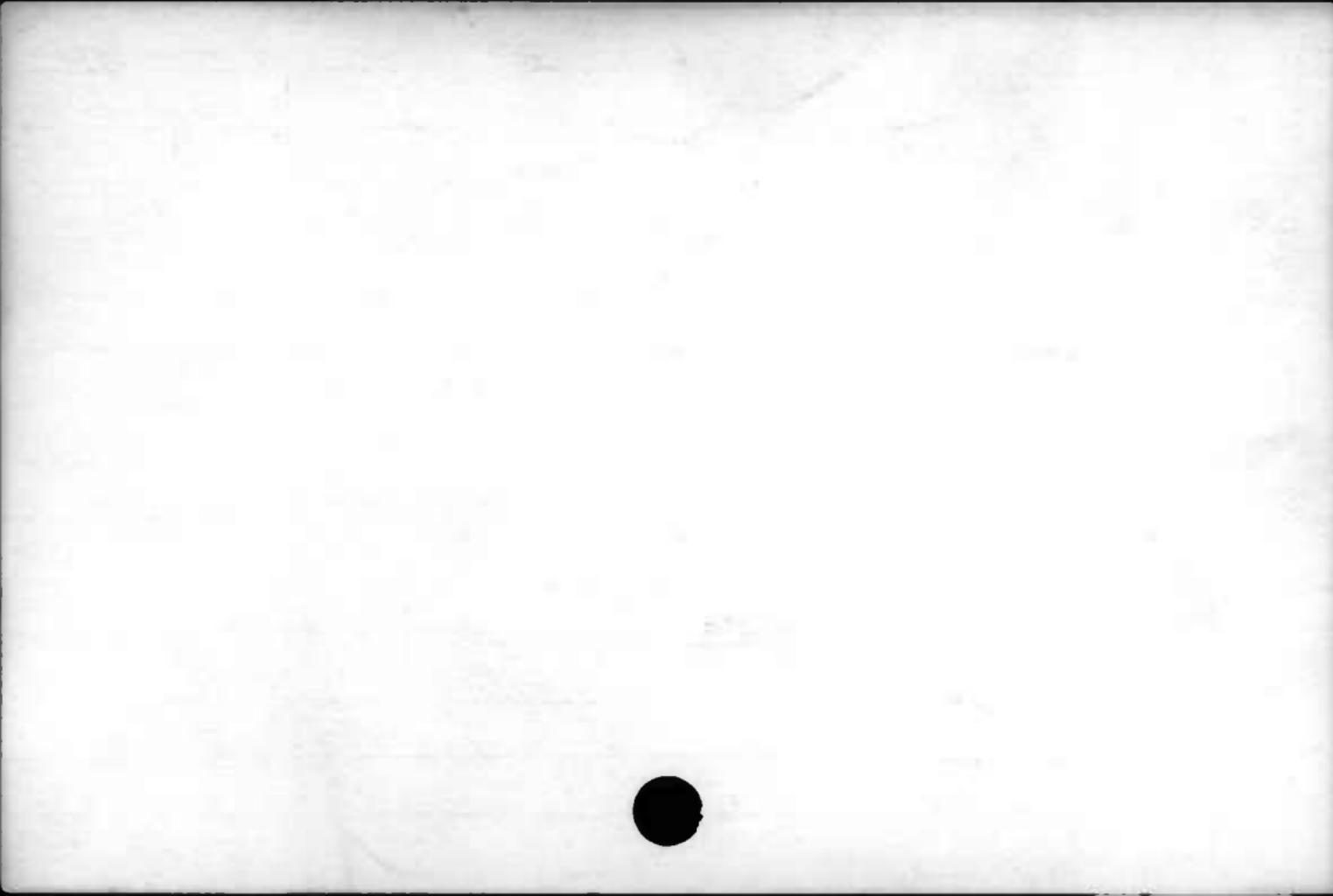
Primary	Paralysis 66	How long
Immediate		1 week
Are the name, age, sex, color, date and place correctly given above?	yes	How long

Signature of Physician

Address

Percy Kemp
Kent Island, Md.

Accident or Suicide?



Name
in
Full

Sarah Calleches

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1902	Month 6th	Day 10	Years	Months	Days	
Sex	Female	Color or Race	White		Birth-place		
Married, Single or Widowed	Widow		Occupation	Relived			
Name of Wife or Husband	Widow of Aly Calleches						
Father's Name	John Stylianis		Father's Birthplace				
Mother's Maiden Name	Susan Hopkins		Mother's Birthplace				
Name of person giving information	J L Rhoads		How related to deceased		None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Phthisis Pulmonalis or

How long

Four year.

Immediate

Extreme exhaustion.

How long

Two week.

Are the name, age, sex, color, date and place correctly given above?

Yes

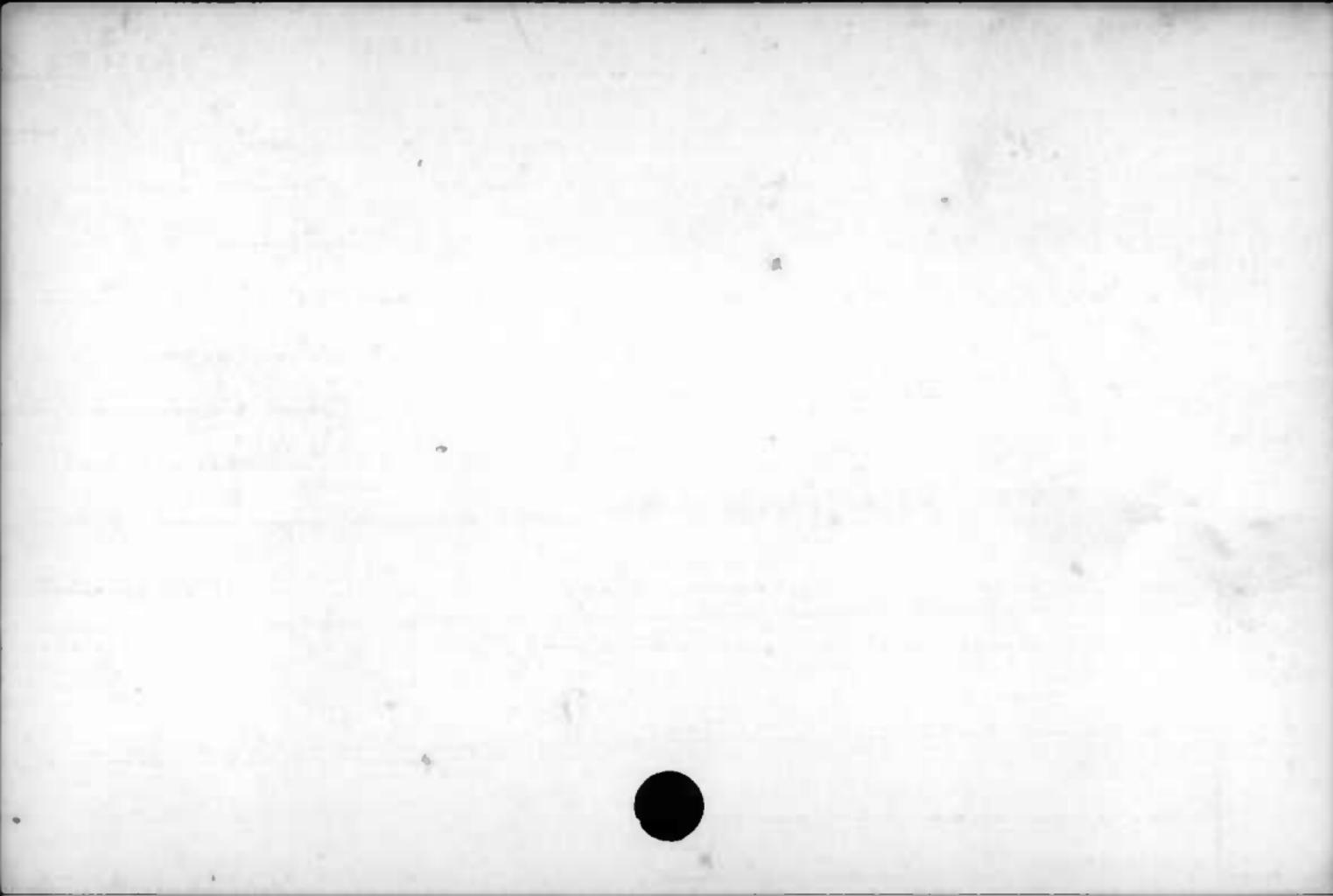
Signature of Physician

Address

Howard R. Hopkins

Greenstone, Md.

Accident or Suicide?



Name
in
Full

9 Peraleine Carroll

CERTIFICATE OF DEATH

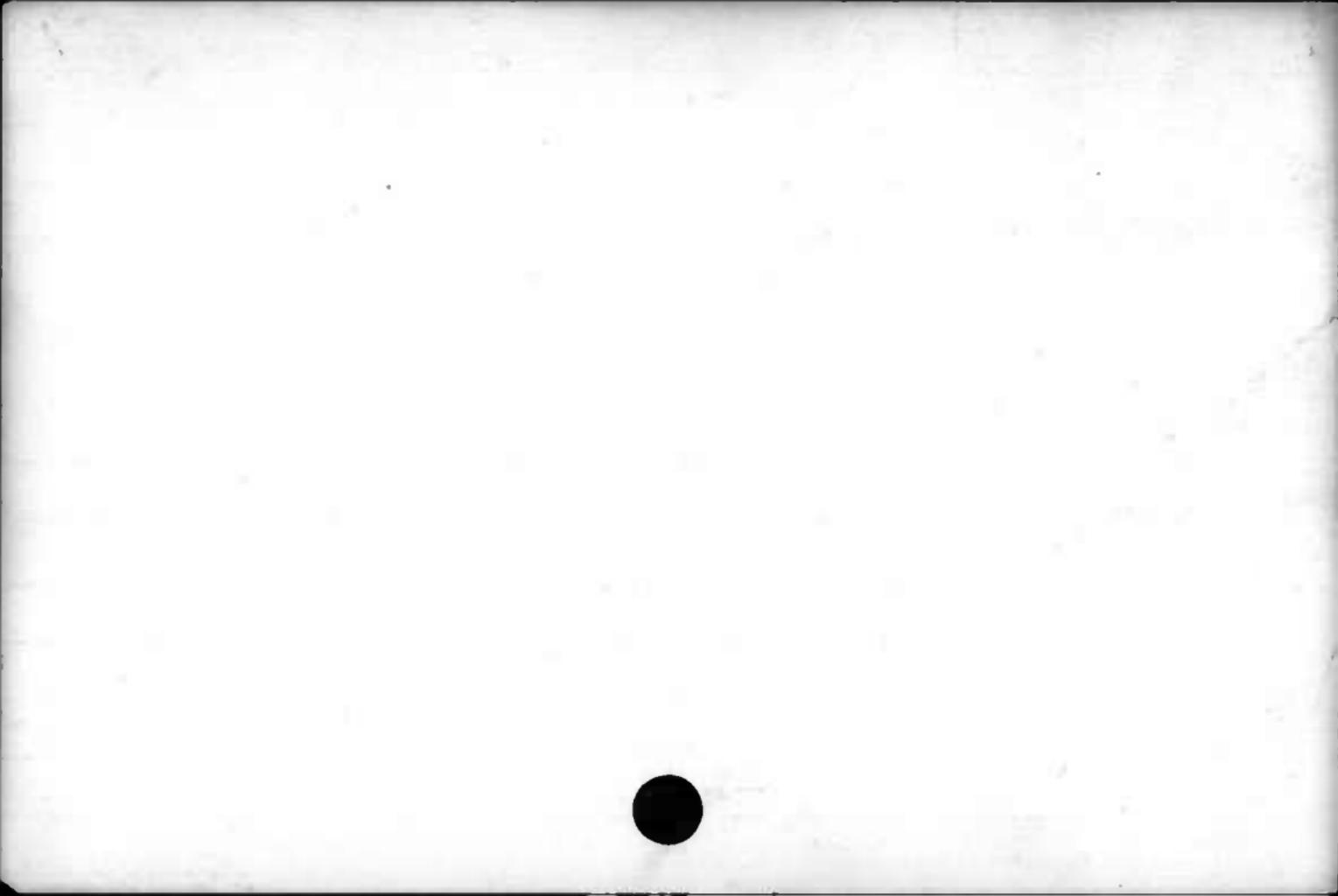
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 2	Day 10	Years	Months 1	Days 19
Sex	female	Color or Race	Age	Birth- place	Winchester
Married, Single or Widowed			Occupation X		
Name of Wife or Husband					
Father's Name	George H Carroll		Father's Birthplace	Winchester	
Mother's Maiden Name	Florance Griffin		Mother's Birthplace	Winchester	
Name of person giving Information	George H Carroll		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera infantum	How long Since its Birth
Immediate	105	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. H. Adler C. V. Address Queenstown Md	
Accident or Suicide?		



Died at		Town	County				MARYLAND	
		Near Sudlersville	Queen Anne's					
		Month	Day	Y.	M.	D.	Native of	Occupation
Date 1902		Oct	27	1	14		Md	
Male		White	Married	Widow		Divorced		
Female		Colonial	Single	Widower		Number of children living		
Husband of								
Wife								
Father's Name		Elmer Gordem		Mother's Name		Male Gordem		
Cause of Death		Primary		Secondary		How long sick		
				debility		Two days		
Death		Immediate						Accident, Suicide, Homicide
Reported by		Elmer Gordem		To J. S. Smith				
Address		Millington		Funeral Director				

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate
received from Elmer Gearden
of Snellerville Ind

*Answered at Snellerville
Ind*

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Sarah Gardner

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
chester		Queencounty					
Date of death	1902	Month oct	Day 2	Years 74	Months 8	Days 3	
Sex	Female	Color or Race	white	Birth-place	clld.		
Married Single or Widowed	widow	Occupation	none				
Name of Wife or Husband	Nelson Gardner						
Father's Name	Wm Harris			Father's Birthplace	Md		
Mother's Maiden Name	Mary Harris			Mother's Birthplace	Md		
Name of person giving information	Ella C Morgan			Now related to deceased	daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Senility 154 How long

Immediate Asthma 1 yr How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

C. P. Lewis

Kent Island
clld. X

Accident or Suicide?

After dinner

Lillian H. Gross

Town

County

Ludlersville, Anne Arundel

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

10 15

Age 20

Maryland

XX

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

XX

Wife

Father's

Name

John E. Gross

Mother's
Maiden NameMary Gross
Mary Smith

Cause of

Primary

Acute Gastroitis

How long sick
48 hours

Death

Immediate

Uraemia

119

Accident, Suicide, Homicide

Reported by

Foster Sudlers

Md

Address

Sudlersville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Elizabeth Jones

Town

County

MARYLAND

Died at McGahees

Month Day

Y. M. D.

Native of

Occupation

Date 1902

Oct. 10th

Age

63, 6, 26

Md

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

Richard A Gray

Wife

Father's

Name

Darius Stanbury Jones

Maiden Name

Mother's

Elizabeth Debora Deeland

How long sick

Cause of

Primary

Cancer of Bladder

18 months

Death

Immediate

Uremia

42

Accident, Suicide, Homicide

Reported by

F. W. Sheppard M.D.

Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full is

Annie G. Lane

CERTIFICATE OF DEATH

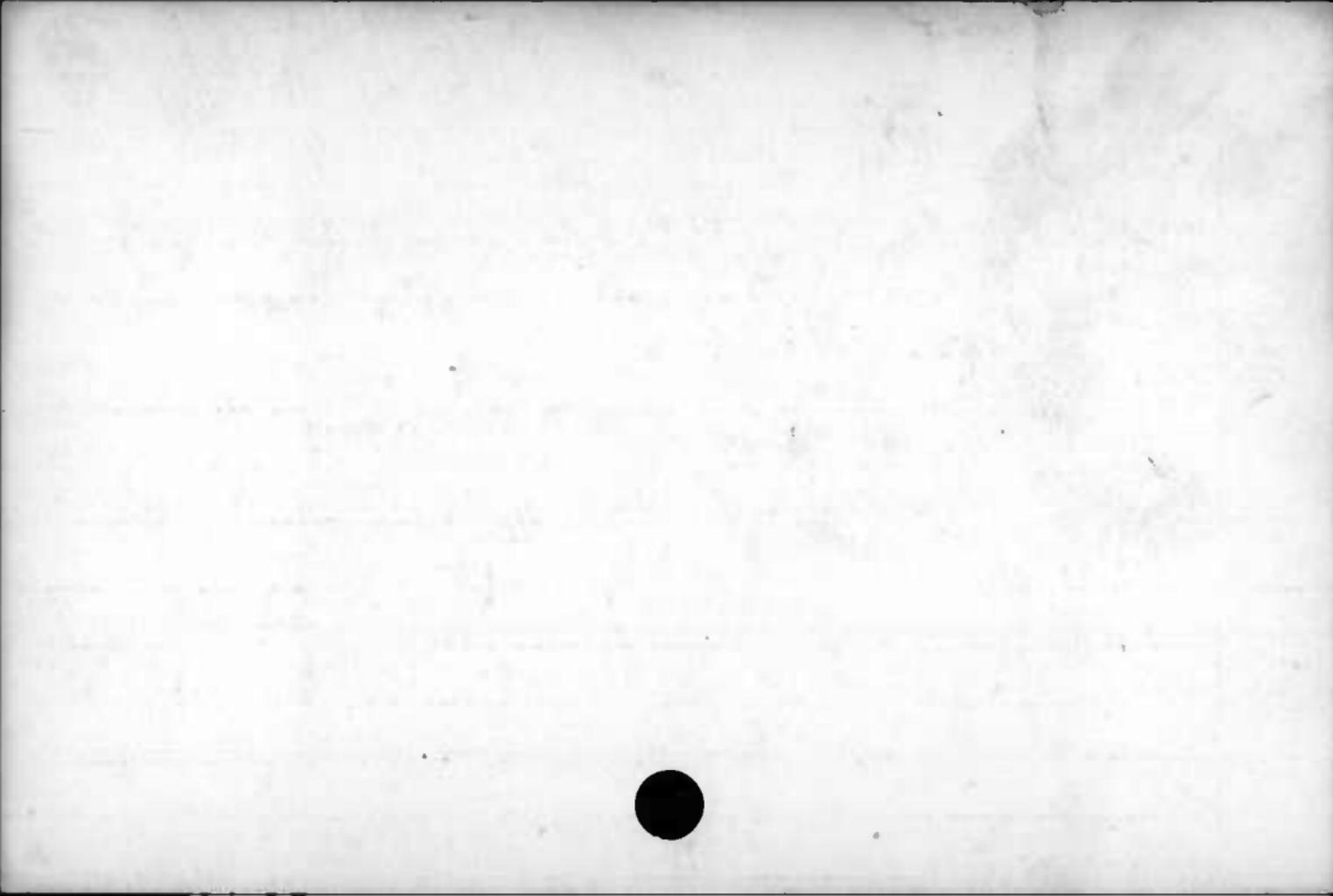
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1902	Month 6th	Day 10	Age 65	Years 1	Months	Days 5	
Sex Female	Color or Race White		Birth-place Baltimore				
Married, Single or Widowed Married	Occupation Farmer						
Name of Husband James H. Lane							
Father's Name Jno Sordan			Father's Birthplace Baltimore				
Mother's Maiden Name M. M. Sordan			Mother's Birthplace " "				
Name of person giving information James H. Lane 79			How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart, Valvular, & Bronchial Asthma	How long One year
Immediate Heart failure	How long (H) Immediate death
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Howard R. Hopkins.
	Address
Accident or Suicide?	



Matthew N. Lesage

Town

County

Died at McGinnis - Queen Anne

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1902

Oct. 11

Age 65-9-

Maryland Farmer

Male

White

Married

Widower

Divorced

Female

Colored

Single

Widower

Number of children living

2.

Husband of

Wife

Father's Name

Wm Lesage

Mother's Maiden Name

Ann Wilkes

Cause of Death

Primary

Mitral insufficiency

How long sick

6 months.

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. O. Gouraud M. D.

Address

Compton [Redacted] Md.

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Helen Estelle McGinnis

Town

Engliside

County

D. C.

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Date 1902

White

Widow

Occupation

White

Divorced

Female

Colored

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

18 hours

Accident, Suicide, Homicide

Reported by

Address

S. Graham M.D.
Engliside, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George Washington ^{Marvel} Marcell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Oct	Day 21	Years 69	Months 10	Days 15
Sex Male	Color or Race White	Birth-place Down St.			
Married, Single or Widowed Married	Occupation Farmer				
Name of Wife or Husband Sarah A. Marcell					
Father's Name Pettyman Marcell	Father's Birthplace Down St.				
Mother's Maiden Name Clotilda A. Plummer	Mother's Birthplace Talbot Co.				
Name of person giving Information Hadaway Marcell	How related to deceased Son				

CAUSES OF DEATH

Primary Shock - & Exposure	160	How long Unknown.
Immediate Traumatic Delirium & Exhaustion		How long 5 days
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician Address	Physicians W.A. Chester
Accident or Suicide? Accident.		

Name
in
Full

Mary Ann Merchant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	County			
New Sudlersville	2 a ds	MARYLAND		
Date of death 1902	Month Oct	Day 23	Age 75	Years —
Sex Female	Color or Race White	Birth- place Maryland	Occupation	
Married, Single or Widowed				
Name of Wife or Husband Noah C. Merchant				
Father's Name James Staut	Father's Birthplace			
Mother's Maiden Name —	Mother's Birthplace			
Name of person giving Information Noah Merchant	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Fracture of neck of femur	How long 4 days
Immediate Seizure & convulsions	How long —
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. H. W. G. Wedore Address Cumberland Hill & Rd.
Accident or Suicide?	

Sullivan County.

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Leesville</u>		Town <u>Tucker Co</u>		County <u>Tucker Co</u>		MARYLAND	
Date of death <u>1902</u>	Month <u>10</u>	Day <u>25</u>	Age <u>71</u>	Years <u>71</u>	Months <u>2</u>	Days <u>9</u>	
Sex <u>male</u>	Color or Race <u>Black</u>	Occupation <u>Laborer</u>		<u>Baltimore Co Md</u>			
Married, Single or Widowed <u>married</u>							
Name of Wife or <u>Julia Shuckelby</u>							
Father's Name <u>Wm. Newman</u>					Father's Birthplace <u>Don't Know</u>		
Mother's Maiden Name <u>Consey</u>					Mother's Birthplace <u>Don't Know</u>		
Name of person giving information <u>Wm. Newman</u>					How related to deceased <u>Son</u>		

CAUSES OF DEATH

120

Primary <u>Chronic Intercstitial Nephritis</u>	How long <u>5 yr</u>
Immediate <u>Exhaustion</u>	How long <u>1 hr</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. Newman</u>
	Address <u>Leesville</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Geo H Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Oct	Day 2	Years 16	Months 3	Days
Sex Male	Color or Race White	Occupation	Birth-place	Zabinda	
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name	Geo H Morris		Father's Birthplace	Bell	
Mother's Maiden Name	Eda C. Roe		Mother's Birthplace	Md.	
Name of person giving information	Geo H Morris		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malaria fever

How long

Two weeks

immediate

Obstruction of bowel

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

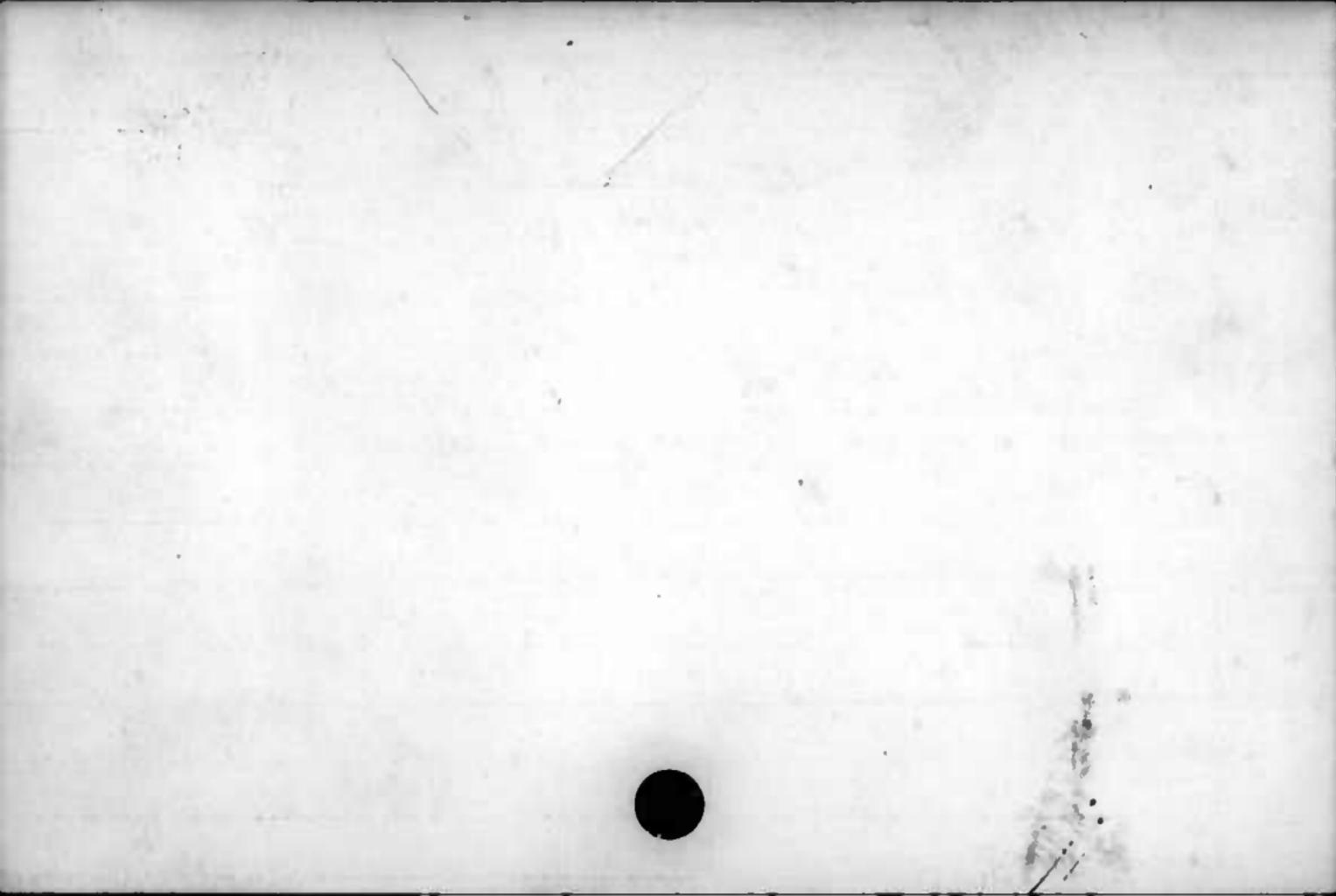
Address

Howard R. Hopkins

Lanhamtown

Md.

Accident or Suicide?



Name
in
Full

Joshua J. Reggan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death 190

Month

Day

Years

Months

Days

10

1907

68

10

Sex

Color or
Race

White

Birth-
place

Summit Co

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

X

X

Ethel Cox

Edwin O. Penry

54

Father's
Birthplace

Summit Co

Mother's
Birthplace

Summit Co

How related
to deceased

Son in law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Insul. deficiency

How long

Year or more

Immediate

Stone Salivates

How long

about a year

Are the name, age, sex, color, date
and place correctly given above?

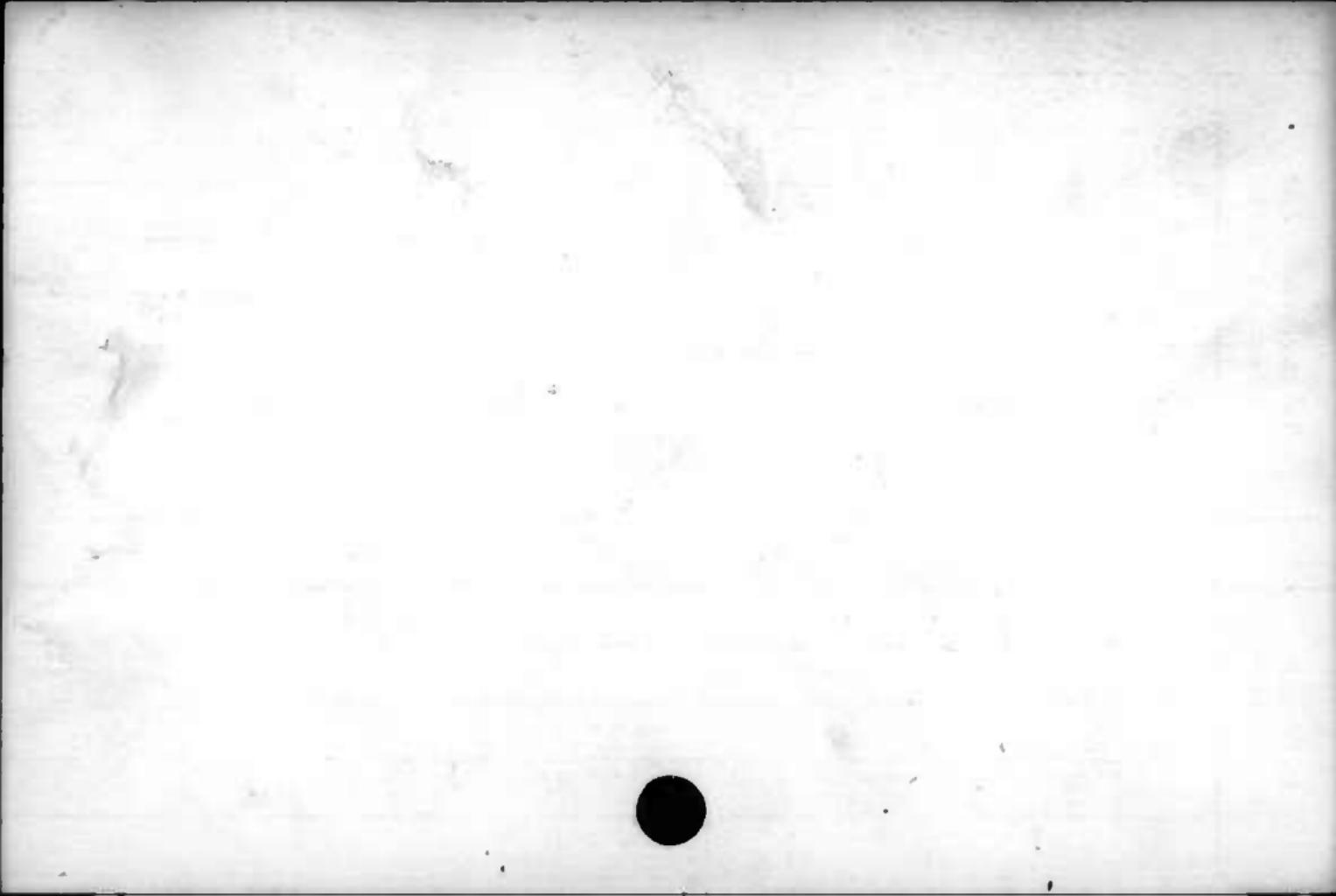
Signature of
Physician

Address

Yes

Shawnee Rd. Mrs.
Foods' Store

Accident or Suicide?



Name in Full

Certificate of Death

George Sampson #206

Town

County

MARYLAND

Died at Near Centreville

Queen Anne's

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of _____

Wife

Father's Name

Geo. Sampson

Mother's Maiden Name

Louisa Griffith

Cause of

Primary

Throash

How long sick

10

Death

Immediate

100

Accident, Suicide, Homicide

Reported by

P. W. Eddins

Address

Centreville Md

over

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

Information given by Mr
Robt. O. Moore the employer of
child's father.

Name
in
Full

John Henry Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Bucksville	Town	2. A.		MARYLAND		
Date of death 190	2	Month 10	Day 19	Years 1 week	Months	—	Days
Sex	male	Color or Race	Black	Birth-place	Bucksville		
Married, Single or Widowed	Single	Occupation	nursing				
Name of Wife or Husband							
Father's Name							
Mother's Maiden Name							
Name of person giving Information							
Mother							

CAUSES OF DEATH

Primary

Infantile convulsions

How long

1 week

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

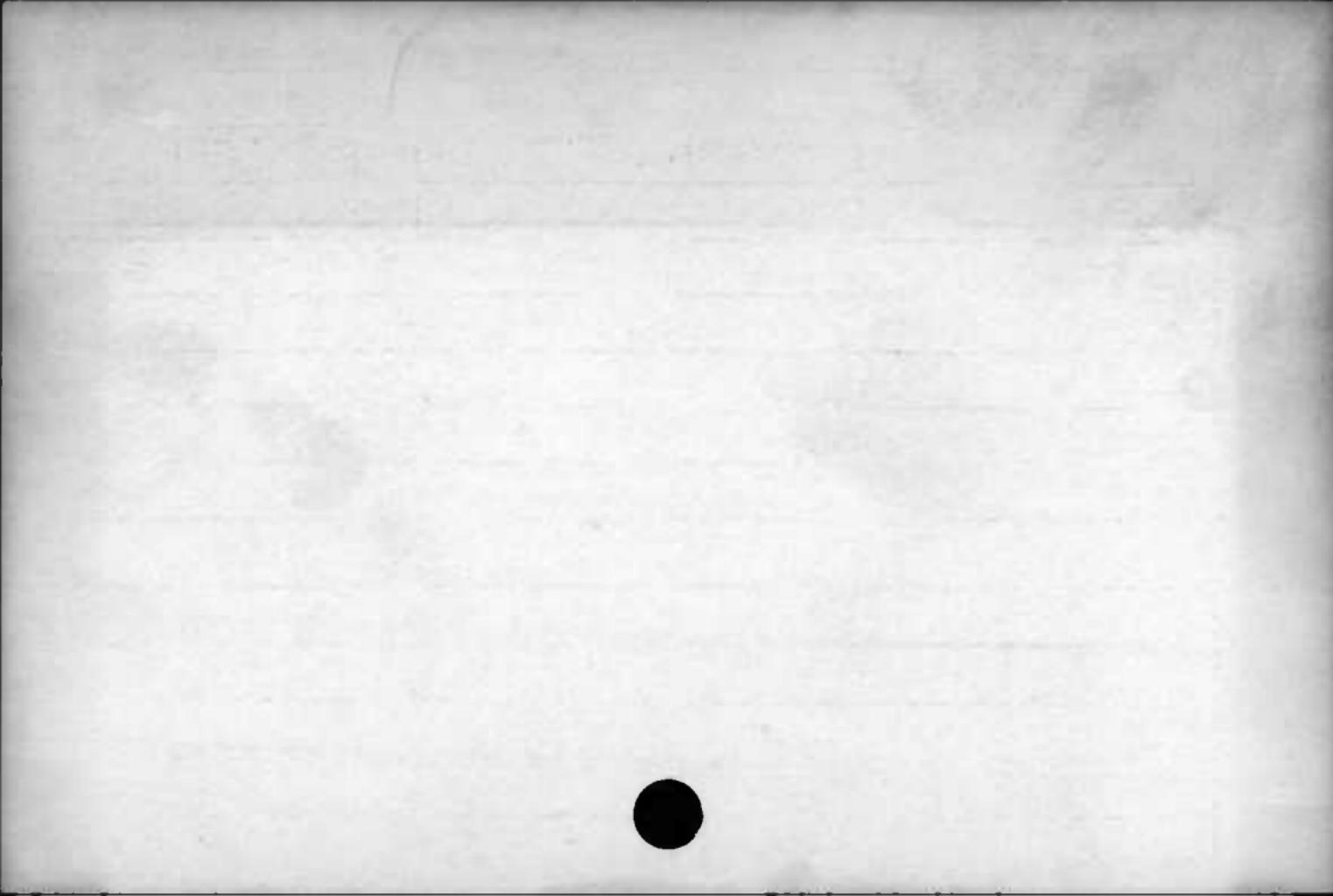
Signature of Physician

Address

Importress
Bucksville

PHYSICIAN
OR CORONER

Accident or Suicide?



Myrtle E. Smith

Town

County

MARYLAND

Died at

Glenelg, Queen Anne

Date 19

02

Month

Day

M.

D.

Native of

Occupation

Oct 24

Age

106-8

Maryland School

Male

White

Married

Widow

Divorced

Female

Single

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Hose Smith

Mother's

Maiden Name

Ella McKeena

Cause of

Primary

Diphtheria

How long sick

3 weeks

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

F. R. Gourneau M.D.

Address

Glenelg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Julian Paul Smith

Town

County

Died at

Consumption

Month Dey

Fulton Anna

MARYLAND

Date 1902

Oct 20

Age 1 2 2

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Horace Smith

Mother's

Maiden Name

Ella McNamee

Cause of

Primary

Diphtheria.

How long sick

Death

Immediate

Heart Paralysis.

Overexert

Reported by

G. P. Gourneau M.D.

Address

Baltimore Md.

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Chas Henry Jr. Sparks

Town

County

Died at

near Rock

Queen Anne's

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

10-18

Age

73-10-

md

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Two

Husband of

Rose V. Sparks

Wife

Father's

Name

C. J. Sparks

Mother's

Maiden Name

Sarah Wiggins

Cause of

Primary

Paralysis

How long sick

one year

Death

Immediate

"

Accident, Suicide, Homicide

Reported by

R. W. Eddins of Wright & Eddins
Crownsville Md.

Address

U. S. Undertakers

Must be signed by physician, if any in attendance, otherwise by Coroner, undertaker or minister.

Information herein given by
the family of deceased
Dr Malone of Greensboro had
been in attendance

P. W. Addins

Ernest Sparks

Town

County

Died at

Mc Ginnis

Queen Anne

MARYLAND

Date 1902

Oct 17

Y. M. D.

Native of

Occupation

Male

White

Age 22-3

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

97

Wife

Father's

Name

John Sparks

Mother's
Maiden Name

Mary E Cole

Cause of

Primary

Asthma

How long sick

16 years

Death

Immediate

Accident, Suicide, Homicide

Reported by

Bradley & Sparks Undertakers

Address

Crumpton Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Joseph Sparks

Town

County

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Occupation

Female

Colored

Single

Widower

Widower

Number of children living

6

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

45

How long sick

6 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Church Hill Cemetery

Name
in
Full

Bethan Hilli

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	2 a.		County	MARYLAND	
Date of death	190	Month	6	Day	Years	Months	Days
Sex	Female	Color or Race	White			Birth-place	2 a. b.
Married, Single or Widowed	Single		Occupation				
Name of Wife or Husband							
Father's Name	John B. Hillis			Father's Birthplace			
Mother's Maiden Name	Black Beg an			Mother's Birthplace			
Name of person giving information	John B. Hillis			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Suffocation 172

How long

—

Immediate

Decoxygen

How long

—

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes.

H. C. McComas
undertaker
Lumberton, N. J.

Accident or suicide?



Eddie Miller

Town

County

Died at

Great Falls, Maryland

MARYLAND

Date 1902	Month Oct	Day 11	Y. 29	M. 1	D. 1	Native of Md.	Occupation
Male	White		Age 29	Widow		Divorced	
Female	Colored		Single	Widower		Number of children living	

Husband of

Wife

Father's Name

Jude Miller

Mother's Maiden Name

Willie Laurens

Cause of Death

Primary	Malaria	How long sick
Immediate	Exhaustion	since birth

Reported by

W.H.P. Miller

Accident, Suicide, Homicide

Address

Belisboro

Ind

Y

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Willie Trilmer

Town

County

Died at Queen Anne Queen Anne

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	Oct	31	19	21	Ind	Housewife	
	Male	White		Married	Widow	Divorced	
	Female	Colored		Single	Widower	Number of children living	One.

Husband of James Trilmer

Wife Name

Nice Laves.

Mother's

Maiden Name

not named.

Cause of Primary

Death Immediate

How long sick 2 months

Accident, Suicide, Homicide

Reported by W. P. Trilmer

Address Hillsboro

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Chester		County	Maryland		
Date of death 1902	Month Dec	Day 3rd	Years	3 Months	Days	
Sex	Male	Color or Race	Occupation	Colored		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	Daniel R. Wright			Father's Birthplace	Kent Island	
Mother's Maiden Name	Mary Whiteside			Mother's Birthplace	I "	
Name of person giving information	David Wright			How related to deceased	Father	

CAUSES OF DEATH

1/2

Primary	Pneumonia (Broncho)	How long	3 weeks.
Immediate	Convulsions	How long	
Is the name, age, sex, color, date and place correctly given above?		Signature of Physician	Kemp & Son, Inc.
Do you know		Address	Kent Island Md.
Accident or Suicide?			

